

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Application Number	10/782,735
Filing Date	February 19, 2004
First Named Inventor	Gian-Carlo Covino
Art Unit	3763
Examiner Name	Mendez, Manual A.
Attorney Docket Number	P034064.US.01

Sheet	1	of	1
-------	---	----	---

U.S. PUBLISHED DOCUMENTS

Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US-			
		US-			
		US-			

U.S. PATENT DOCUMENTS

[illegible]

EXAMINER SIGNATURE _____

DATE CONSIDERED

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Sent completed form to: **Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450**